

## SPINESAFE PILATES AND YOGA SCREENING FOR COVID-19

This is a simple screening tool for COVID-19. Screening *will not identify asymptomatic people* nor eliminate the need for medical clearance and/or exercise testing.

Please answer for **yourself or anyone in your household or your close contacts** (close contact is defined as within 6 feet for more than 10 consecutive minutes).

**Now or in the last 14 days...**

1. Have you tested positive for or are waiting for a COVID-19 test result, if yes when was the test?	No/Yes
2. Have you had any contact with anyone who has been diagnosed or suspected of COVID-19?	No/Yes
3. Do you have COVID-19 symptoms e.g. new continuous cough, loss of or change to your sense of smell or taste, a fever or high temperature (>37.8°C)? Nausea/vomiting/diarrhoea?	No/Yes
4. Do you feel unwell, fatigue, short of breath or have difficulty breathing?	No/Yes
5. Do you need to self-isolate for any reason e.g. 'shielding', return from abroad, test and trace etc.?	No/Yes

### If You Answered Yes

Regrettably we cannot offer you a face to face appointment at this present time. We advise you to visit the NHS 111 COVID-19 website for next steps.

### If You Answered No

Good news. You can be reasonably sure that you can exercise safely and have a low risk of having any medical complications from exercise.

### DECLARATION:

**Prevention:** I understand the contagious nature of COVID-19 and I acknowledge that Spinesafe Pilates and Yoga has put in place measures to reduce the spread of COVID-19 in accordance with current government guidance.

**Infection:** I understand that we cannot guarantee that we will not infect each other with COVID-19.

**Consent:** I confirm I understand all risks involved and am happy to attend for a face to face session with Pauline Wood, Spinesafe Pilates and Yoga and agree to the terms and conditions to reduce the spread while attending my session.

**Disclosure:** I am responsible for checking with my health professional(s) to ensure I am able to participate in any physical activities. If there are any changes in my health, I will inform Pauline Wood, Spinesafe Pilates and Yoga as soon as possible and before any sessions. I have answered all questions truthfully and to the best of my knowledge.

**By signing this document, I state that I have been screened for COVID-19 and understand the declaration.**

**Name & signature:**

**Date:**